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BEFORE THE HOUSE GOVERNMENT REFORM AND OVERSIGHT COMMITTEE,
SUBCOMMITTEE ON NATIONAL SECURITY, INTERNATIONAL AFFAIRS AND CRIMINAL JUSTICE
ON THE 1998 NATIONAL DRUG CONTROL STRATEGY,
MARCH 26, 1998

Chairman Hastert, Congressman Barrett and members of the Committee, thank you for the opportunity to testify on the *1998 National Drug Control Strategy*. The Office of National Drug Control Policy (ONDCP) appreciates your longstanding support, as well as the guidance and leadership of the Committee. The *Strategy* before you, developed in close consultation with the members of this Committee and the Congress as a whole, reflects the strength of our enduring bipartisan commitment to focus our efforts to diminish America's drug problem on realistic results. We appreciate your good counsel on setting our sights on aggressive, but plausible targets.

Much of our current progress results from the fact that you have enabled us to reinvigorate the Office of National Drug Control Policy. Chairman Hastert and Congressman Barrett, I want to particularly thank each of you for your wise counsel over the years and tireless efforts in this regard. We now have an Office of National Drug Control Policy that is ready for the task ahead.

The importance of your bipartisan support in the success of this effort is evident from two of the most significant programs we launched in 1997: the Drug Free Communities Act and the National Anti-Drug Youth Media Campaign. ONDCP appreciates this Committee's efforts in helping pass the Drug Free Communities Act, which will help us build and strengthen 14,000 community coalitions across the country. Mr. Chairman and Congressman Barrett your efforts to ensure the success of the National Youth Media Campaign are now paying off; in twelve pilot cities we are reaching out to our young people with a simple, yet vital message: "drugs are wrong, and they can kill you and your dreams." Absent the support of this committee, neither of these programs would exist today.

Our common efforts have had a direct and substantial impact on the success America has enjoyed in reducing drug use. Over the past 17 years, this bipartisan partnership has contributed to a 50 percent overall reduction in the number of Americans using drugs and a 70 percent reduction in the number of Americans using cocaine. But we can -- indeed we must -- do more. If unchecked, America's drug abuse problem will kill 140,000 Americans and cost our society \$700 billion over the coming decade. Our progress must be steady; we cannot afford to lose a moment's time or spare any effort in significantly reducing the threats of drug use in America.

When you considered my appointment in February 1996, I pledged to forge a coherent counter-drug strategy that would substantially reduce illegal drug use and protect our youth and our society. The *1998 National Drug Control Strategy* reflects ONDCP's ongoing commitment to this goal. This *Strategy* is a ten-year plan to reduce drug use in America by half -- to a level of use lower than any point in the modern history of this great nation. To ensure that this goal is real and not just rhetoric, the *Strategy* is accompanied by a set of performance measures that will improve efficacy and hold us accountable. And the budget we have presented to the Congress, which we have planned out over five years, provides us the means to achieve these objectives.

Let us be clear on this: never before has America had so solid a commitment to a long-term counter-drug strategy, one that is determined to achieve so ambitious a goal in fighting drugs, and backed by so straightforward a means by which this Congress and the American people can hold us accountable toward these ends. The *Strategy* we have developed and submitted to you is an achievable plan to reduce drug use and its consequences in America down to the lowest levels seen since our current measuring systems were put in place. Never before have we held so great an opportunity to close on eliminating drug use in America. Now it is up to all of us -- the administration, members of Congress, parents, police officers, teachers, coaches, doctors, scientists, and Americans of all walks of life. The plan is sound; our task is to work together to successfully implement it.

I. Drug Use Trends -- The Threat is Great, but We are Making Solid Progress

Illegal Drug Use Places a Tremendous Burden on America: The social costs of drug use in America total over \$67 billion per year, including \$46 billion in crime, \$6.3 billion in AIDs-related costs and \$8 billion in illness-related costs. Cocaine initiation rates -- the number of people trying the drug for the first time -- have begun to increase. Heroin initiation rates are up markedly. Drug use trends among young people remain especially troubling. Drug-use rates among youth, while still well below the 1979 peak of 16.3 percent, remain substantially higher than the 1992 low of 5.3 percent. One in four twelfth graders is a current illegal drug user, while for eighth graders, the figure is approximately one in eight. Elevated drug-use rates are a reflection of pro-drug pressures and drug availability. Almost one in four twelfth graders say that “most or all” of their friends use illegal drugs. A Columbia University Center on Addiction and Substance Abuse survey reported that 41 percent of teens had attended parties where marijuana was available, and 30 percent had seen drugs sold at school.

Illegal Drug Use Rates are 50 Percent Lower Than 1979's Historic High Level: In 1996, an estimated thirteen million Americans (6.1 percent of the U.S. household population aged twelve and over) were current drug users. This figure is roughly half the number in 1979 when twenty-five million (or 14.1 percent of the population) were current users.

Illegal Drug Use Has Begun to Level off Among Youth The University of Michigan's 1997 *Monitoring the Future (MTF)* study and SAMHSA's 1996 *National Household Survey on Drug Abuse (NHSDA)* indicate that youth drug use rates seem to be leveling off, and in some cases are declining. The MTF found that, for the first time in six years, the use of marijuana and other illegal drugs stabilized among eighth graders. Use of marijuana and other illegal drugs among tenth and twelfth graders also appears to have leveled off. The NHSDA reported that current drug use among twelve to seventeen-year-olds declined between 1995 and 1996 from 10.9 percent to 9 percent. The *MTF* study also reported that attitudes regarding drugs, which are key predictors of use, began to reverse in 1997 after seven years of erosion.

Crack Use is Declining: The most recent data from the Drug Use Forecasting Program, which monitors arrestees, show a coast-to-coast decline in crack use (from a 29 percent decline in Washington, D.C., from 1988 to 1996, to 15 percent decline in San Jose, from 1989 to 1996) -- a good indication that the crack epidemic that began in 1987 continues to abate.

Good News on Methamphetamine: Meth use, as reflected by the Drug Use Forecasting Program's testing of arrestees, is down in the eight cities that had been suffering the highest increases in use: 52% drop in Dallas; 20% drop in San Jose; 19% in San Diego; 34% in Portland; and over 40% in Denver, Omaha and Phoenix.

Cocaine Production Down Sharply: Indications are that cocaine production in the Andean region -- the primary producing area -- may be down as much as 100 tons from last year.

Spending on Drug Consumption is Down: The most recent data shows the amount Americans spend buying illegal drugs is down roughly 37 percent from 1988 to 1995 -- a total per annum decline of \$34.1 billion reinvested in American society.

Drug-Related Crime is in Decline: In 1989, according to the FBI, there were 1,402 murders related to narcotic drug laws. In 1992, that number dropped to 1,302. By 1996, that number hit a low of 819.

Drug-Related Medical Emergencies Remain Near Historic Highs: SAMHSA's Drug Abuse Warning Network (DAWN) reported that drug-related episodes dropped 6 percent between 1995 and 1996, from 518,000 to 488,000. Heroin-related episodes declined slightly, the first decline since 1990. Methamphetamine-related incidents decreased 33 percent to 10,787, the second year of decline since the 1994 peak of 17,665.

Drug Offenders Crowd our Prisons and Jails: In June 1997, the nation's prisons and jails held 1,725,842 men and women -- an increase of more than 96,000 over the prior year. More Americans were behind bars than on active duty in the Armed Forces. The increase in drug offenders accounts for nearly three-quarters of the growth in the federal prison population between 1985 and 1995, while the number of inmates in state prisons for drug-law violations increased by 478 percent over the same period.

Public Awareness About the Dangers of Drugs is Increasing: A 1997 Harvard University poll found that adults believe the number one problem facing America's children is drug abuse. A 1997 study by the Center on Addiction and Substance Abuse found that over half of our young people support drug testing in their schools and say they are willing to report a drug user to school officials.

II. The 1998 National Drug Control Strategy

A. Highlights of the Strategy

The *1998 Strategy* focuses on expanding programs that work and building on these examples with targeted new initiatives designed to attack the problem of drug use at its heart. Highlights of this comprehensive, balanced, ten-year plan include:

A Ten-Year Strategy to Reduce Drug Use and its Consequences by Half

- First-ever, comprehensive ten-year plan to reduce drug use and its consequences by half.
- This ten-year plan is backed by a five-year budget, and performance measures to improve accountability and efficacy.

- Supported by the largest counter-drug budget ever presented: \$17 billion.
- Dynamic and comprehensive: focuses on results not programs; each element supports all the other initiatives.

Protecting America's Kids

- The *Strategy*'s first goal is educate kids to enable them to reject drugs.
- This *Strategy* builds on programs that work and launches new initiatives:
 - National Youth Anti-Drug Media Campaign* -- which will "go national" in June.
 - School Drug-Prevention Coordinators Initiative* -- providing prevention professionals to 6,500 schools nationwide.
 - President's Youth Tobacco Initiative* -- preventing a gateway behavior to drug use.
 - The Civic Alliance* -- helping 33 national civic and service groups, representing 55 million people, to fight youth drug use.
 - Youth Drug Research* -- expanding understanding of youth drug use and addiction.
- Largest percentage budget increases -- 15% or \$256 million -- for youth programs.

Strengthening Communities and Workplaces

- Launches the Drug-Free Communities Program, which will strengthen the existing 4,000 community-based anti-drug coalitions, and build 10,00 new coalitions, across the nation.
- Works with 22 million small businesses to initiate drug-free workplaces.

Reinforcing Our Borders

- Launches a \$105 million *Port and Border Security Initiative*.
- Puts 1,000 new Border Patrol agents, and increases barriers along the Southwest Border.
- Deploys new technologies, such as advanced X-rays and remote video surveillance, along the Southwest Border -- including \$41 million for nonintrusive inspection technologies.
- Strengthens oversight over federal Southwest Border drug control efforts.

Strengthening Law Enforcement

- Focuses on full implementation of the Community Oriented Policing Services (COPS) program.
- Expands DEA's counter-heroin initiative: \$12.9 million and 95 new agents.
- Expands anti-methamphetamine initiative: \$24.5 million including 100 new DEA agents.
- Expands DEA's Caribbean Corridor Initiative: \$9.8 million and 56 new agents.

Breaking the Cycle of Drugs and Crime

- Provides treatment to nonviolent first-time offenders in the criminal justice system to free them from the addictions that drive their actions -- punishment alone cannot diminish drug-related crime; it is necessary to break the cycle of drugs, crime and prisons.
- Provides \$85 million in funding and other support to help state and local governments implement drug testing, treatment, and graduated sanctions for drug offenders.

Reducing the Supply of Drugs and Enhancing Multinational Cooperation

- In 1997, Andean cocaine production dropped by as much as 100 tons over the prior year.
- Despite this overall progress, Colombian coca production is up 56 percent over the last two years, with much of the expanded capacity occurring in guerilla or paramilitary held territories.

- The *Strategy* adds \$75.4 million in Department of Defense support to US, Andean, Caribbean and Mexican interdiction efforts.
- Includes an added \$45 million to support Andean nation counter-drug efforts, including interdiction, crop replacement, and support to law enforcement.
- Continues to build multinational cooperation against drugs, focusing on US-Mexico bilateral efforts, the Caribbean Initiative, and the upcoming Santiago Summit and UN General Assembly Special Session.

Closing the Treatment Gap

- The number of people who require drug treatment but who are not in treatment -- the “gap” -- is estimated at 1.7 million.
- Provides an added \$200 million in Substance Abuse Block Grants to States to assist in closing the gap, increasing the total funding to \$1.5 billion.

B. Goals and Objectives of the 1998 Strategy

The goals of the *1998 Strategy* remain unchanged from the *1997 Strategy*; reflecting both the need for consistency and the importance of sticking to those programs that make sense and are working. The objectives set out below, drawn from the measures of performance, provide, at a glance, both the specific accomplishments this *Strategy* is designed to achieve and the basic markers by which the future success of this *Strategy*’s should be measured. The objectives are aggressive. The Administration is committed to meeting these goals, as well as to continually examining and refining the goals and targets set forth in the performance measures system -- including an annual review during the budget process of the relationship between the goals and the level of federal and nonfederal resources required to attain them.

Goal 1: Educate and enable America’s youth to reject illegal drugs as well as alcohol and tobacco.

Drug abuse is preventable. If boys and girls reach adulthood without using illegal drugs, alcohol, or tobacco, they probably will never develop a chemical-dependency problem. To this end, the *Strategy* focuses on educating children about the real dangers associated with drugs. ONDCP seeks to involve parents, coaches, mentors, teachers, clergy, and other role models in a broad prevention campaign. ONDCP encourages businesses, communities, schools, the entertainment industry, universities, and professional sports leagues to join these anti-drug efforts. In addition, we must limit drug availability and treat young substance abusers.

Objectives: The *Strategy*’s mid-term objectives are to reduce the prevalence of past-month drug use among youth by 20 percent and increase the average age of first use by twelve months before the year 2002. The long-term objectives are a 50 percent reduction in current drug use and an increase of thirty-six months in the average age of first use by the year 2007.

Goal 2: Increase the safety of America's citizens by substantially reducing drug-related crime and violence.

The social ruin caused by drug-related crime and violence mirrors the tragedy that substance abuse wreaks on individuals. A large number of the twelve million property crimes committed each year are drug-related as is a significant proportion of nearly two million violent crimes. The nation's 3.6 million chronic drug users contribute disproportionately to this problem, consuming the majority of cocaine and heroin on our streets.

Drug-related crime can be reduced through community-oriented policing, which has been demonstrated by police departments in New York and numerous other cities where crime rates are plunging. Cooperation among federal, state, and local law-enforcement agencies and operations targeting gangs, trafficking organizations, and violent drug dealers are making a difference. Equitable enforcement of fair laws is a must. Punishment must be perceived as commensurate with the offense. Finally, the criminal justice system must do more than punish. It should use its coercive powers to break the cycle of drugs and crime through effective treatment programs.

Objectives: The *Strategy's* mid-term objective is to reduce drug-related crime and violence by 15 percent by the year 2002. The long-term objective is a 30 percent reduction by the year 2007.

Goal 3: Reduce health and social costs to the public of illegal drug use.

Drug dependence is a chronic, relapsing disorder that exacts enormous costs on individuals, families, businesses, communities, and nations. Addicted individuals have, to a degree, lost their ability to resist drugs, often resulting in self-destructive and criminal behavior. Effective treatment can end addiction.

Providing treatment for America's 3.6 million chronic drug users is both compassionate public policy and a sound investment. For example, a recent study by the National Institute on Drug Abuse found that outpatient methadone treatment reduced heroin use by 70 percent, cocaine use by 48 percent, and criminal activity by 57 percent, thus increasing employment by 24 percent. Long-term residential treatment had similar success.

Objectives: The *Strategy's* mid-term objectives are to reduce use by 25 percent and health and social consequences by 10 percent by the year 2002. The long-term objectives are a 50 percent reduction in drug use and 25 percent reduction in consequences by the year 2007.

Goal 4: Shield America's air, land, and sea frontiers from the drug threat.

The United States is obligated to protect its citizens from the threats posed by illegal drugs crossing our borders. Interdiction in the transit and arrival zones disrupts drug flow, increases risks to traffickers, drives them to less efficient routes and methods, and prevents significant amounts of drugs from reaching the United States. Interdiction operations also produce intelligence that can be used domestically against trafficking organizations.

Each year, more than sixty-eight million passengers arrive in the United States aboard 830,000 commercial and private aircraft. Another eight million individuals arrive by sea, and a staggering 365 million cross our land borders each year driving more than 115 million vehicles. More than ten million trucks and cargo containers and ninety thousand merchant and passenger ships also enter the United States annually, carrying some four hundred million metric tons of cargo. Amid this voluminous trade, traffickers seek to hide more than 300 metric tons of cocaine, thirteen metric tons of heroin, vast quantities of marijuana, and smaller amounts of other illegal substances.

Objectives: The *Strategy's* mid-term objective is to reduce the amount of illegal drugs entering the United States by reducing trafficker success rates through the transit and arrival zones 10 percent by the year 2002. The long-term objective is a 20 percent reduction in trafficker success rates by the year 2007.

Goal 5: Break foreign and domestic drug sources of supply.

The rule of law, human rights, and democratic institutions are threatened by drug trafficking and consumption. International supply reduction programs not only reduce the volume of illegal drugs reaching our shores, they also attack international criminal organizations, strengthen democratic institutions, and honor our international drug-control commitments. The U.S. supply reduction strategy seeks to: (1) eliminate illegal drug cultivation and production; (2) dismantle drug-trafficking organizations; (3) interdict drug shipments; (4) encourage international cooperation; and (5) safeguard democracy and human rights. Additional information about international drug-control programs is contained in a classified annex to this *Strategy*.

Objectives: The *Strategy's* mid-term objectives are a 15 percent reduction in the flow of illegal drugs from source countries and a 20 percent reduction in domestic marijuana cultivation and methamphetamine production by the year 2002. Long-term objectives include a 30 percent reduction in the flow of drugs from source countries and a 50 percent reduction in domestic marijuana cultivation and methamphetamine production by 2007.

Assessing Performance

The *Strategy's* supporting performance-measurement system establishes the interrelationship between outcomes, programs, and resources. The performance measurements detailed in a companion volume to the *Strategy* -- *Performance Measures of Effectiveness: A System for Assessing the Performance of the National Drug Control Strategy* -- will gauge progress toward that end using five and ten-year targets. The heart of the system consists of twelve impact targets that define strategic end-states for the *Strategy's* five goals. Eighty-two supporting performance targets establish outcomes for the *Strategy's* thirty-two objectives. These targets were developed by federal drug-control agencies working with ONDCP and were reviewed by state and local agencies and drug-control experts.

While the drug-control performance measurement system can offer valuable information on program effectiveness, it will not determine federal budgets. No responsible level of federal spending alone can bring about a 50 percent reduction in America's illegal drug use problems. State and local governments, the private sector, communities, and individuals must all embrace the commitment to

reduce demand by 50 percent over the next ten years. However, by providing clear benchmarks of our progress, the performance measures will assist policy makers, legislators, and managers in considering the adequacy of specific drug-control programs and increase accountability; these measures will assist in a considered review of whether we are achieving the maximum impact for the resources being used -- and, in turn, whether the performance targets need to be adjusted to reflect new or changing circumstances.

Progress will be gauged using both existing and new survey instruments. The *Monitoring the Future* survey and the *National Household Survey on Drug Abuse*, for example, estimate risk perception, current use rates, age of initiation, and life-time use for most illegal drugs, alcohol, and tobacco. The *Arrestee Drug Abuse Monitoring* system and *Drug Abuse Warning Network* provide indirect measures of consequences. The principal measuring device for international progress is the *International Narcotics Control Strategy Report*. This annual State Department document provides country-by-country assessments of initiatives and accomplishments. It summarizes drug cultivation, eradication, production, seizures, arrests, destruction of laboratories, drug flow and transit, and criminal justice efforts. The Office of National Drug Control Policy's Advisory Committee on Research, Data, and Evaluation will consider additional instruments and measurement processes needed to address the demographics of chronic users, domestic cannabis cultivation, drug availability, and other drug-policy data shortfalls. (Because our performance assessments depend on the quality of the data developed, improved and expanded research will contribute greatly to this effort.) Annual progress reports will be submitted to Congress.

C. Specific Initiatives of the Strategy

Among the many important programs within the *Strategy*, the following are worthy of special mention:

1. Youth-Oriented Prevention Initiatives

Research indicates that youngsters who do not use illegal drugs, alcohol, and tobacco before the age of eighteen are more likely to avoid chemical-dependency problems over the course of their lives. The *Strategy* focuses on reducing risk factors -- like chaotic home environments, and drug-using peers -- and increasing protective factors -- such as parental involvement, success in school, strong bonds with family, school, and religious organizations, and knowledge of dangers posed by drug use. The following are examples of the initiatives contained in the *Strategy*:

The National Youth Anti-Drug Media Campaign

ONDCP, with the assistance of the Partnership for a Drug-Free America (PDFA) and the Ad Council, is implementing a multifaceted communications campaign involving parents, mass media, corporate America, and anti-drug coalitions. The National Youth Anti-Drug Media Campaign will counteract media messages and images that glamorize, legitimize, normalize, or otherwise condone drug use. Youth aged nine to seventeen, and the adults who influence them, will be targeted by the campaign. Campaign messages will accurately depict drug use and its consequences and encourage parents to discuss drug abuse with children.

Congress appropriated \$195 million for the campaign last year, making it one of the largest paid advertising efforts ever undertaken by government. Over the past year, ONDCP has consulted with hundreds of communications and marketing professionals, educators, prevention and treatment experts, public health specialists, and public officials to design the campaign's development process. Anti-drug ads began airing in Atlanta, Baltimore, Boise, Denver, Hartford, Houston, Milwaukee, Portland (OR), San Diego, Sioux City, Tucson, and Washington, D.C. in January.

This summer, ONDCP will expand the anti-drug advertising component nationwide, using national and local television (both broadcast and cable), radio, and print media. In the fall, a fully-integrated campaign will reach target audiences through TV, radio, print, Internet, and other media outlets. The campaign's reach will be extended through corporate sponsorship, cooperation with the entertainment-industry, programming changes, and media matches (for example, contributions to cover public-service time and space). Prevention experts believe this public-private campaign will influence attitudes of youths towards drugs within two years.

Prevention in Schools and Universities

The Department of Education's Safe and Drug-Free Schools and Communities Program provides funds for virtually every school district to support drug and violence-prevention programs. This program, one of the federal government's primary vehicles for reducing juvenile drug use, focuses on improving the quality of drug and violence-prevention instruction and changing attitudes regarding illegal drugs, underage drinking, and smoking. In FY1999, the Administration is proposing to begin an initiative to ensure that 50 percent of middle schools have drug-prevention coordinators within two years. A range of other programs, such as the FBI's "Adopt a School Program," and ONDCP's funding for the "FAST" (Families and Schools Together) program, are also underway to help "at risk" kids through mentoring, tutorial and other support efforts.

Illegal drug use and binge drinking remain serious problems on our nation's college campuses. This current school year, several college students died as a result of binge drinking, and many more were admitted to hospitals for injuries sustained while drinking. In 1998, the Department of Education will lead a collaborative effort among federal agencies to learn more about this problem and the most effective strategy for dealing with it. Education will support a Center to provide training and technical assistance to colleges to help them combat binge drinking and drug use, and will fund several projects to demonstrate effective approaches for preventing binge drinking.

Expanding Community Anti-Drug Coalitions

Not all at-risk children can be reached through school-based prevention. The Drug-Free Communities Act of 1997 recognizes that the problem of illegal drugs must be addressed at the community level. The Drug-Free Communities Act authorizes \$143.5 million in matching grants over the next five years to support existing coalitions and expand the number of coalitions by ten thousand. The Act authorizes the President to establish a Commission on Drug-Free Communities to advise ONDCP concerning matters related to the program. We expect the President to name the members of this Commission this Spring.

Parenting and Mentoring

Parental involvement in children's lives reduces the likelihood of drug use. Parents must understand that they -- not schools, community groups, or the government -- can make the biggest difference in shaping children's attitudes and values. A number of initiatives are underway to strengthen the role of parents and mentors. The Secretary of Health and Human Services (HHS) has launched an initiative to reduce drug use by youth age twelve to seventeen. A key component is the State Incentive Grant Program, which will assist states in developing coordinated statewide substance-abuse prevention systems. A complementary Center for Substance Abuse Treatment (CSAT) program will help disseminate proven prevention strategies. ONDCP, in cooperation with the Substance Abuse Mental Health Services Administration (SAMHSA), is supporting a "Parenting is Prevention" initiative to mobilize national anti-drug organizations and strengthen their role in schools and communities. The National Institute on Drug Abuse's (NIDA) pamphlet, *Preventing Drug Use Among Children and Adolescents*, provides prevention principles for communities.

Civic and Service Alliance

In 1997, the leaders of 33 national and international civic and service organizations, representing fifty-five million volunteers, signed a "Prevention Through Service" civic alliance. Signatories -- including 100 Black Men, Big Brothers Big Sisters of America, Boys and Girls Clubs of America, Lions Club International, and the National Masonic Foundation for Children -- agreed to increase public awareness, promote communication about effective prevention, network among organizations and communities, provide leadership and scholarship, and encourage volunteerism, as well as service to families. Collectively, the organizations will support prevention efforts across the nation with one million volunteer hours.

Working with the Child Welfare System

The safety of children and well-being of families are jeopardized by the strong correlation between chemical dependency and child abuse. For example, in 1997, an average of 67 percent of parents involved with the child welfare system needed substance-abuse treatment. If prevention and treatment are not provided to this high-risk population, the same families will remain extensively involved in the welfare and criminal-justice systems. With funding from ONDCP, the Child Welfare League of America is developing resources and other tools for assessing and reducing substance abuse among parents and preventing drug use by abused children from substance-abusing families.

Preventing Alcohol Use and Drunk and Drugged Driving Among Youth

The *Strategy* recommends educating youth, their mentors, and the public about the dangers of underage drinking; limiting access of youth to alcoholic beverages; encouraging communities to support alcohol-free behavior on the part of youth; and creating incentives as well as disincentives that discourage alcohol abuse by young people. Motor vehicle crashes remain the leading cause of death for our nation's youth. To help reduce the number of these deaths, NHTSA is addressing alcohol and drug-related crashes among young people. Implementing the President's "Youth, Drugs, and Driving" initiative, NHTSA is providing law enforcement, prosecutors, and judges with training and education

for detecting, arresting, and sanctioning juvenile alcohol and drug offenders. States are urged to enact zero-tolerance laws to reduce drinking and driving among teens. Civic and service organizations are encouraged to collaborate with organizations like Mothers Against Drunk Driving and Students Against Destructive Decisions.

Preventing Tobacco Use Among Youth

Several federal agencies are involved in increasing awareness among youth of the dangers of tobacco use. The Food and Drug Administration (FDA) is enforcing regulations that reduce youth access to cigarettes and smokeless tobacco products. The FDA also will conduct a publicity campaign in 1998 to encourage compliance by merchants. State enforcement of laws prohibiting sale of tobacco products to minors will be monitored by SAMHSA/CSAP. CDC supports the "Research to Classrooms" project to identify and expand school-based tobacco-prevention efforts; CDC also will fund initial research on tobacco-cessation programs for youth. The Administration is calling for legislation that sets a target of reducing teen smoking by 60 percent in ten years. Arizona, California, Florida, Massachusetts, and other states have ongoing paid anti-tobacco campaigns addressing underage use.

International Demand-Reduction Initiatives

Drug use has become a serious international problem requiring multi-disciplinary prevention. The United States supports demand-reduction efforts by the U.N. Drug Control Programme (UNDCP), the European Union, the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States (OAS), and other multilateral institutions. Advancing international demand reduction initiatives will play a significant role in U.S. efforts at the upcoming Santiago Summit, and U.N. General Assembly Special Session. Further, as part of our binational drug-control efforts, the United States and Mexico will conduct a demand-reduction conference in El Paso, Texas, this month. Demand-reduction experts from Caribbean nations will consider regional responses to drug abuse during an ONDCP-hosted conference in Miami this summer.

2. Initiatives to Reduce Drug-Related Crime and Violence

Community Policing

Our police forces continue to be on the first line of defense against crime and drugs. The more we can link law enforcement with local residents in positive ways that create trusting relationships, the more secure our communities will be. Resources provided by the Community Oriented Policing Services (COPS) program are bringing a 100,000 additional police officers to the nation by FY2000; already 70,000 additional officers are currently funded. The strength of the COPS program is its emphasis on long-term, innovative approaches to community-based problems. This program reinforces efforts that are already reducing the incidence of drug-related crime in America.

Coordination between Law Enforcement Agencies

Coordination between law enforcement agencies improves the efficacy of individual counter-drug efforts. By increasingly reinforcing one another; sharing information and resources; removing conflicts between operations, establishing common priorities, and focusing energies across the spectrum of criminal activities, we increase our overall capabilities. Various federal, state, and local agencies have joined forces on national as well as regional levels, to achieve better results. The federal government provides extensive support to state and local law enforcement agencies through the Edward Byrne Memorial State and Local Law Enforcement Assistance Program. Grants support multi-jurisdictional task forces, demand-reduction education involving law enforcement officers, and other activities dealing with drug abuse and violent crime. Other major coordinating programs include:

High Intensity Drug Trafficking Area (HIDTA): HIDTAs are critical drug-trafficking regions designated by the ONDCP Director in consultation with the Attorney General, heads of drug-control agencies, and governors, which receive federal assistance to design strategies to address the threats, and develop integrated initiatives. There are currently seventeen HIDTAs. In 1997, Southeastern Michigan and San Francisco were designated HIDTAs. In 1998, ONDCP will consider designating HIDTAs in central Florida (including Orlando and Tampa), the Milwaukee metropolitan area, and the marijuana-growing regions of Kentucky, Tennessee, and West Virginia.

Organized Crime Drug Enforcement Task Forces (OCDETF): Established in 1982, these task forces, combining the expertise of nine federal agencies and state and local enforcement authorities, are an integral part of coordinated law-enforcement operations. OCDETF targets foreign and domestic trafficking organizations, money-laundering activities, gangs, and public corruption. For example, in 1997, OCDETF's operation META disrupted a large cocaine and methamphetamine organization active in California, North Carolina, and Texas. OCDETF also conducted successful operations against the Mexican Amado Carrillo Fuentes drug-trafficking organization, members of the Mexican Arrellano Felix organization and Nigerian heroin-smuggling organizations active in Chicago, Detroit, Milwaukee, and Minneapolis. OCDETF works closely with the individual HIDTA programs and is an important federal presence in HIDTA efforts.

Targeting Gangs and Violence

Initiatives targeting gangs and violent crime have reduced drug trafficking. Gangs are active in drug-distribution chains operating in the United States, and drug organizations frequently use violence. The Drug Enforcement Administration and the FBI lead federal efforts to break up trafficking organizations. The FBI has established 157 Safe Street Task Forces to address violent crime, much of which is drug-related. The Bureau of Alcohol, Tobacco, and Firearms (ATF) also targets armed traffickers through the Achilles Program, which oversees twenty-one task forces in jurisdictions where drug-related violence is severe. HIDTAs and OCDETFs coordinate multi-agency attacks on criminal drug organizations.

Breaking the Cycle of Drugs and Violence

The correlation between drugs and crime is well established. Drug addicts are involved in approximately three to five times the number of crimes as arrestees who do not use drugs. Approximately three-fourths of prison inmates and over half of those in jails or on probation are substance abusers, yet only 10 to 20 percent of prison inmates participate in treatment while incarcerated. Simply punishing drug-dependent criminals is not enough. If crime is to be reduced permanently, addiction must be treated. Treatment while in custody, in prison, and under post-incarceration or release supervision can reduce recidivism by roughly 50 percent. ONDCP, DOJ, and HHS will sponsor two conferences on treatment and the criminal-justice system in March and October, 1998. The following initiatives are expanding treatment availability within the criminal justice system:

Drug courts: Drug courts have channeled sixty-five thousand nonviolent drug-law offenders into tough, court-supervised treatment programs instead of prisons or jails. On average, over 70 percent of drug-court participants stay in treatment. Among drug-court graduates, criminal recidivism ranges from 2 to 20 percent. More than 95 percent of this recidivism is made up of misdemeanors. Estimated savings range from \$2,150,000 annually in Denver to an average of \$6,455 per client in Washington, D.C. In 1997, 215 drug courts were operational, and 160 drug courts are now in the planning stages. As of November 1997, twenty-seven juvenile drug courts were operational and forty-six were in the planning process. The National Drug Court Institute -- established with support from ONDCP, DOJ and the National Association of Drug Court Professionals -- provides training for judges and professional staff.

“Breaking The Cycle” demonstration program: Initiated in Birmingham, Alabama in 1997, this program explores the viability of community-supervised rehabilitation instead of incarceration for drug-dependent offenders. During the first six months of the program, 4,602 offenders were screened and 784 became active participants. The National Institute of Justice is evaluating the program and will select additional communities for participation in 1998.

Violent Offender Incarceration and Truth-in-Sentencing Incentive Grant Program: The FY 1997 Appropriations Act requires states to implement drug testing, sanctions, and treatment program for offenders under corrections supervision by September 1, 1998. On January 12, 1998, the President directed the Attorney General to amend guidelines for prison construction grants and require state grantees to establish and maintain a system of reporting on their prison drug abuse problem. The 1999 Budget’s proposed language would allow states to use federal grants for prison construction funds to provide a full range of drug testing, sanctions, and treatment.

Equitable Sentencing Policies

Community support is critical to the success of law enforcement. Sentencing structures that appear unfair undermine law enforcement. Consequently, in 1998, the Administration will seek to revise the cocaine penalty structure so that federal law enforcement will target major distributors of crack and powder cocaine rather than small, street-level dealers. This change will ensure the effective division of responsibility between federal, state, and local authorities. Present sentencing laws can misdirect federal law-enforcement resources against lower-level street dealers, instead of the large-scale drug trafficking operations where such resources are best targeted. Second, the current sentencing

scheme, which punishes crack offenses much more severely than powder offenses, has fostered a perception of racial injustice in the court system. Closing of the sentencing gap will help eliminate this perception, thereby strengthening our legal system.

3. Initiatives to Reduce Health and Social Problems

Drug dependence is a chronic, relapsing disorder that exacts an enormous cost on the individual, families, businesses, communities, and nation. Treatment can help individuals end dependence on addictive drugs, thereby reducing consumption. In addition, such programs can reduce the consequences of drug use on our society. Treatment's ultimate goal is to enable a patient to become abstinent. However, reducing drug use, improving the ability of addicts to function, and minimizing medical consequences are valuable and important interim outcomes. SAMHSA's 1997 *Services Research Outcome Study*, CSAT's 1997 *National Treatment Improvement Evaluation Study* (NTIES), the 1994 *California Drug and Alcohol Treatment Assessment*, and other studies demonstrate that treatment can reduce drug use, criminal activity, high-risk behavior, and welfare dependency. Our overall challenge is to help the 3.6 million Americans who are chronic users of illegal drugs to overcome their dependency so that they can lead healthy and productive lives and so that the social consequences of illegal drug abuse are lessened. Initiatives to achieve these ends include:

Improving Treatment

Effective rehabilitation programs characteristically differentiate by substances, cause addicts to change lifestyles, and provide follow-up services. However, not all treatment programs are equally effective. That is why efforts are underway to raise the standards of practice in treatment to ensure consistency with research findings. ONDCP and NIDA have focused on treatment in national conferences on marijuana, methamphetamine, heroin, and crack cocaine. Additional conferences on treatment modalities and treatment in the criminal-justice system are planned for the spring of 1998. CSAT continues to develop Treatment Improvement Protocols (TIPS), which provide research-based guidance for a wide range of programs. CSAT also supports eleven university-based Addiction Technology Transfer Centers, which cover twenty-four states and Puerto Rico. These centers train substance-abuse counselors and other health, social-service, and criminal-justice professionals.

Closing the Treatment Gap

Drug treatment is available for only 52 percent of people in immediate need of it, despite a 33 percent increase in federal expenditures for treatment since fiscal year 1993. The expansion of managed care and changes in eligibility requirements for Supplemental Security Income and Supplemental Security Disability Income are contributing factors in the continuing "treatment gap." ONDCP and HHS will use substance-abuse block grant funds and other means to expand the nation's treatment capacity. Special emphasis will be given to expanding treatment that meets the needs of young drug abusers, as well as women and intravenous drug users.

Treatment for Opiate Addiction

Although methadone treatment and long-term residential drug-free therapies have demonstrated effectiveness in addressing heroin addiction, only 115,000 of the nation's estimated 810,000 heroin addicts currently are in methadone treatment programs. A major reason for this shortfall is over-regulation of methadone programs. In 1995, the Institute of Medicine (IOM) concluded that existing regulations could be safely reduced. ONDCP, together with HHS and DOJ, are developing guidelines to implement the IOM recommendations. The federal government also supports the use of other pharmacotherapies, like levomethadyl acetate hydrochloride (LAAM) and buprenorphine, to treat opiate addiction.

Expanding Knowledge

In the past several years, significant strides have been made in drug abuse research: we have learned not only how drugs affect the brain in ways that affect behavior, but also that behavioral and environmental factors may influence brain function. Research using Positron Emission Tomography (PET) scans shows that when addicts experience cravings for a drug, specific areas of the brain show high levels of activation. Armed with this knowledge, scientists are now determining pre-addiction physiological and psychological characteristics so that "at risk" subjects can be identified *before* addiction or drug abuse takes place.

Drug-Free Work Place Programs

The *Strategy* encourages public and private-sector employers, including twenty-two million small businesses, to initiate comprehensive drug-free workplace programs. As the nation's largest employer, the federal government sets the example. Currently, 120 federal agencies have certified drug-free workplace plans. These agencies represent about 1.8 million employees -- the vast majority of the federal civilian workforce. Additionally, the Department of Transportation oversees mandatory drug testing of approximately eight million safety-sensitive employees in the United States. (The program also requires drug testing for operators of commercial motor vehicles from Canada and Mexico.) The Department of Labor's Working Partners program enlists trade associations in encouraging and assisting small businesses to implement programs and disseminates helpful information and materials. To improve the efficacy of these programs, SAMHSA has awarded nine grants to study the impact of comprehensive drug-free workplace programs on productivity and health-care costs in major U.S. corporations.

Welfare Reform and Drug Treatment

Recent legislation requires states to trim welfare roles. However, one in four of the 4.2 million recipients of Temporary Assistance to Needy Families, the federal-state welfare program, require treatment for substance abuse. Clearly, treatment opportunities must be provided to these individuals if they are to join the work force. CSAT conducted workshops in 1997 to develop solutions to this problem. The Department of Labor also recognized this problem. Consequently, its Welfare-to-Work initiative allows the provision of supportive services, such as substance-abuse education, counseling, and non-medical treatment services, to welfare recipients.

4. Initiatives to Shield Our Frontiers

Flexible, In-Depth Interdiction

Drug traffickers are adaptable, reacting to interdiction successes by shifting routes and changing modes of transportation. Large international criminal organizations have nearly unlimited access to sophisticated technology and resources to support their illegal operations.

Consequently, the U.S. government will continue to conduct, and improve on, interdiction operations that anticipate shifting trafficking patterns in order to keep illegal drugs from entering our nation. Existing interagency organizations and initiatives will remain the building blocks for this effort, including: the ONDCP-established Joint Inter-Agency Task Forces, which coordinate interdiction in the transit zone; Customs' Domestic Air Interdiction Coordination Center, which monitors air approaches to the United States; Justice's Southwest border initiative, the Armed Forces' Joint Task Force-Six and Operation Alliance, which coordinate drug-control activities along the Southwest Border; as well as ONDCP's seventeen HDTAs and the OCDEF program.

Efforts are also underway to improve interdiction through expanded bilateral and international cooperation. Implementation of the Justice and Security Action Plan agreed to at the Barbados Summit in May, 1997, will play a major role in this process. The Plan commits Caribbean nations and the United States to a broad drug-control agenda that includes modernizing laws, strengthening law enforcement and judicial institutions, developing anti-corruption measures, opposing money laundering, and cooperative interdiction activities. Central American nations and the United States similarly agreed at the San Jose, Costa Rica Summit to improve cooperative law-enforcement capabilities. The United States will work closely with the European Union and other donor nations to support these initiatives. We will also expand bilateral counter-drug agreements to assist partner nations enforce their laws, protect their sovereignty, and control their territorial seas and airspace.

Shielding the Southwest Border

The rapidly growing commerce between the United States and Mexico, across the world's most open border, is good news for America. It also makes the two-thousand mile border between our two countries one of the busiest borders in the world. During 1996, 254 million people, seventy-five million cars, and 3.5 million trucks and rail cars entered the United States from Mexico through thirty-nine crossings and twenty-four ports of entry (POEs). Unfortunately, about half of the cocaine on our streets and large quantities of heroin, marijuana, and methamphetamine also enter the United States across this border. The Departments of Justice, the Treasury, State, and Defense, and other agencies that share responsibility for protecting our borders, are conducting a review of federal efforts to prevent drug trafficking across the Southwest border. A detailed assessment and action plan will be completed this summer. This plan will be carefully integrated with the Department of Commerce and Department of Transportation concepts to continue enhancing economic partnership between the United States and Mexico. Areas being examined include:

Improved Coordination: Improved coordination and integration between federal, state, and local agencies is essential. For example, no one agency has responsibility for coordinating counter-drug efforts along the border. The Departments of Justice and the Treasury and other agencies with responsibilities along the Southwest Border are working to enhance cooperation and planning.

Employment of technology: We must develop the capacity to subject trucks and rail cars that cross the border from Mexico into the United States to multiple levels of non-intrusive inspections to detect illegal drugs. This new technology must be carefully cued to high-risk cargo through improved intelligence system that works closely with Mexican authorities.

Infrastructure improvements: Access roads, fences, lights, and surveillance devices can prevent the movement of drugs between ports of entry while serving the legal, economic and immigration concerns of both nations. For example, along the Imperial Beach, San Diego section of the border, sixty murders took place and ten thousand pounds of marijuana were seized three years ago. Last year, after the installation of fences and lights and the assignment of more Border Patrol agents, no murders occurred and just six pounds of marijuana were seized. These new initiatives must create strong law-enforcement and Customs partnerships with Mexican authorities all along the border.

Reinforcement: The addition of inspectors and agents and provision of requisite technology can help reduce the flow of illegal drugs. We must create balanced packages of resources, technology, and personnel in the Border Patrol, Immigration and Naturalization Service, DEA, Customs, U.S. Attorneys offices, ATF, Bureau of Prisons, and National Guard to ensure that we have the capacity to maintain appropriate inspections, vigilance and the rule of law along this border.

Bilateral Cooperation with Mexico

The United States and Mexico have made significant progress against drug trafficking in recent years. President Zedillo identified drug trafficking as the principal threat to Mexico's national security. Mexico has criminalized money laundering, expanded law enforcement's authority to investigate organized crime, conducted coincidental maritime interdiction operations, maintained high levels of eradication and seizure, undertook an anti-corruption program, and passed laws to prevent the diversion of precursor chemicals. Since 1997, the United States and Mexico have signed three major drug-control agreements: a Binational Drug Threat Assessment; an Alliance Against Drugs; and a Joint Counter-Drug Strategy.

This year, we will implement the binational drug-control strategy. Key areas of cooperation include border task forces, corruption, demand-reduction, information sharing, interdiction, precursor chemicals, prosecution of drug criminals, technology, training, and weapons trafficking. The U.S.-Mexico Binational Demand Conference, to be held this month, in El Paso Texas, will mark the beginning the implementation of the binational strategy.

Working with the Private Sector to Keep Drugs Out of America

Agreements with the private sector can deter drug smuggling via legitimate commercial shipments and conveyances. As the primary drug-interdiction agency on the border, the U.S. Customs Service is

implementing innovative programs like the air, sea, and land Carrier Initiative Programs, the Business Anti-Smuggling Coalition, and the Americas Counter-Smuggling Initiative to keep illegal drugs out of licit commerce. These initiatives have resulted in the seizure of over 100,000 pounds of drugs in the past three years.

5. Initiatives to Break Sources of Supply

The United States' international drug-control strategy seeks to:

Promote international cooperation: The growing trend toward greater cooperation in the Western Hemisphere is creating unprecedented regional drug-control opportunities. In the past several years, a multilateral framework for increased drug-control cooperation has been developed. Thirty-four democracies that attended the Miami Summit of the Americas in 1994 signed an action agenda that has been implemented over the past three years. All governments endorsed the 1996 Anti-Drug Strategy in the Hemisphere and the 1995 Buenos Aires Communiqué on Money Laundering, which specified principles for cooperation. In addition, all of the Summit countries have now ratified or acceded to the 1988 U.N. Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

Hemispheric anti-drug officials, working under the auspices of the Organization of American States (OAS), elaborated recommendations for implementing the principles outlined in the OAS's hemispheric anti-drug strategy. The OAS' Inter-American Drug Abuse Control Commission (CICAD) developed model legislation against money laundering and chemical diversion, as well as a system of data collection for supply and demand statistics. CICAD also sponsored several meetings and seminars on a range of issues and helped to conclude negotiation for a regional mutual legal-assistance agreement.

The United States will seek commitments from all nations at the Santiago, Chile Summit of the Americas (April 18-19, 1998) for a hemispheric anti-drug alliance. To be effective, the alliance must include explicit goals and responsibilities and mechanisms to identify weaknesses and provide remedies. The United States also will expand the International Law-Enforcement Academy, which provides professional development for Central American officers and establish, in collaboration with other nations, a Judicial Center in Latin America to train judges and court personnel.

Certification -- Broad Support: By law, the President is required to determine whether countries, identified as major drug-producing or transit countries, have cooperated fully with the United States or taken adequate steps to meet the counter-narcotics goals and objectives of the 1988 U.N. Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. Denial of certification involves foreign assistance sanctions, as well as a mandatory U.S. vote against multilateral development bank loans.

On February 25, 1998, President Clinton certified that 22 countries and their dependent territories fully cooperated with the United States or took adequate steps on their own to meet the international counter-narcotics performance standards. These nations are: Aruba, The Bahamas, Belize, Bolivia, Brazil, China, Dominican Republic, Ecuador, Guatemala, Haiti, Hong Kong, India, Jamaica, Laos, Malaysia, Mexico, Panama, Peru and Taiwan, Thailand, Venezuela, and Vietnam.

With respect to the decision to certify **Mexico** again this year, we continue to see improvements in Mexico's counter-narcotics efforts, including: the creation of vetted counter-narcotics police units; the reconstitution of the binational task forces; increases in drug seizures; and, progress with respect to extradition. **House Majority Leader Armey** recently stated: "We think the Mexican government is trying harder. We think they are making progress. We want to be appreciative of that effort." (Majority Leader Armey, Feb. 25, 1998, Dallas Morning News).

Nevertheless, much remains to be done. As **DEA Administrator Constantine** said during his recent testimony, "several programs have been initiated, [although] the institution-building process is still in its infancy." Through expanded cooperation, the certification of Mexico is the best mechanism for helping Mexico to move these and other new counter-drug programs forward. **Governor George W. Bush, Jr.**, of Texas, recently provided: "For those who want to wall off Mexico from Texas . I say you're dead wrong." (Governor George Bush, Jr., Feb. 25, 1998, Dallas Morning News).

In four instances, the President exercised the authority vested him under the Foreign Assistance Act of 1961 to certify that the national interests of the United States required certification of nations that might not otherwise have met the criteria for certification. The President issued vital national interest certifications to Cambodia, Colombia, Pakistan, and Paraguay. The only changes from 1997 with respect to the vital national interests certification list was the addition of Colombia, Paraguay, and Pakistan.

As **Secretary of State Albright** has emphasized: "[The decision to certify **Colombia** under the vital national interests provision] is intended to lay the groundwork for future cooperation." (Secretary of State Madeline Albright, Feb. 25, 1998, Washington Post). "This announcement should not be taken as an expression of lack of confidence in the courage and great dedication of the Colombian National Police or the people of Colombia." (**Attorney General Reno**, Feb. 25, 1998, Dallas Morning News). "The Colombian National Police and counter-narcotics forces have conducted an effective eradication and interdiction effort. But, the current government has not demonstrated full political support for counter-narcotics efforts." (**Secretary of State Madeline Albright**, Feb. 25, 1998, Washington Post).

The President also denied certification to four countries that did not meet the applicable statutory standards: Afghanistan, Burma, Iran, and Nigeria.

Upon careful and considered review, the Administration has met its responsibilities under the law. However, this process is open to bipartisan review. As **Speaker Gingrich** has stated: "I think for all too long, we've pointed the finger at other countries and the fingers need to be pointed at our own neighborhoods and our own government." (Speaker Gingrich, Feb. 26, 1998, CNN). The Administration is committed to working with the Congress to develop the most effective instruments for better international counter-drug efforts. We continue to be open to all constructive and practical solutions, including, efforts to facilitate and rely more heavily on greater multilateral cooperation in the fight against drugs.

Assist source and transit countries: In nations with the political will to fight drug trafficking organizations, the United States will help provide training and resources so that these countries can reduce narcotics cultivation, production, trafficking, and consumption.

Support crop eradication and alternative development programs: The elimination of illicit coca and opium cultivation is the best way to reduce cocaine and heroin availability. Cocaine and heroin can be successfully targeted for eradication during cultivation. Alternative development programs can provide farmers with incentives to abandon drug cultivation.

Dismantle drug trafficking organizations: U.S.-supported programs help disrupt and dismantle international drug organizations, including their leadership, trafficking, production infrastructure, and financial underpinnings. Pressure on illegal drug organizations is paying off. The Colombian National Police (CNP), working in cooperation with military counter-drug units, have arrested, incarcerated, or killed during arrest, eight of the most important Colombian drug traffickers within the last two years. In Mexico, the leadership of two major organizations has been disrupted. Over the past several years, more than twenty-five heroin traffickers have been arrested or extradited to the United States from Southeast and Southwest Asia.

Stop money laundering and seize assets: The billions of dollars Americans spend on illegal drugs every year fuel the drug trade. In most cases, traffickers seek to disguise drug profits by converting (“laundering”) them into legitimate holdings. Trafficking organizations are vulnerable to enforcement actions because of the volume of money that must be processed. The retail value of the cocaine available for consumption in the United States each year is between forty and fifty-two billion dollars. This sum of money weighs 5.7 million pounds in twenty dollar bills. Clearly, drug dealers prefer placing these funds in the financial system close to drug-dealing locations instead of hauling cash back to Colombia, Mexico, or another country.

The Departments of the Treasury and Justice work extensively with U.S. banks, wire remitters, and vendors of money orders and traveler's checks to prevent placement of drug proceeds. The federal government uses the provisions of the Bank Secrecy Act to detect suspicious transactions and prevent laundering. Federal, state, and local law-enforcement agencies also target individuals, trafficking organizations, businesses, and financial institutions suspected of money laundering. A Geographic Targeting Order issued by the Department of the Treasury in 1996 aimed at detecting drug-related wire transfers from the New York City area to Colombia is an example of an effective counter-measure. Private-sector support of anti-laundering measures is critical both to fight drugs and to maintain the integrity of financial markets.

The United States also is participating in global efforts to disrupt the flow of illicit capital, track criminal sources of funds, forfeit ill-gained assets, and prosecute offenders. For example, with the assistance of Colombian law enforcement and the private sector, the United States has imposed economic sanctions pursuant to the International Economic Emergency Powers Act against more than four hundred businesses affiliated with Colombian criminal drug organizations. Finally, U.S. experts have helped draft regulations to protect foreign financial sectors and provide for asset forfeiture. Twenty-six nations are members of the Financial Action Task Force, which develops international anti-money-laundering standards and reviews member nations compliance with the standards.

Controlling Precursor Chemicals: Illegal drug production can be disrupted if essential chemicals are denied to traffickers. Under Article 12 of the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, parties are obligated to institute controls

to prevent the diversion of chemicals from legitimate commerce to illicit drug manufacture. The tracking of international shipment and the investigation of potentially illegal diversions is a demanding task. Yet, major strides were made in 1997 in international efforts to prevent the illegal diversion of these chemicals. Recently, the Mexican legislature approved legislation to control precursor chemicals. Mexican law promotes international cooperation and authorizes the creation of information databases to enable companies to notify authorities about suspicious transactions. (A bilateral chemical-control working group oversees cooperative investigation of cases of interest to both countries and exchanges information on legal and regulatory matters.) Similarly, the United States and the European Union signed a bilateral agreement to enhance cooperation in chemical diversion control. The United States continues to urge the adoption and enforcement of chemical-control regimes by governments that do not have them or fail to enforce them. The goal is to prevent diversion of chemicals without hindering legitimate commerce.

Interdict drug shipments: Trafficker routes in source countries are linked to growing areas. Operations against cocaine laboratories disrupt production operations at a critical stage. U.S.-supported source-country interdiction programs can break transportation links, disrupt drug processing, and depress drug-crop prices in support of alternative development programs.

Support democracy and human rights: Democratic principles, human rights, and international drug-control policies are mutually supportive. Wherever drugs are grown or produced in volume, the rule of law is threatened and often corrupted by powerful criminal elements. Consequently, strengthening democracy and attacking corruption are integral to international drug control. The world's democracies are taking steps to confront the problems of corruption. The United States will continue to support multilateral efforts, such as efforts under the OAS Hemispheric Convention Against Corruption, to fight corruption.

Break Sources of Supply:

Cocaine: Coca, the raw material for cocaine, is grown in the South American countries of Bolivia, Colombia, and Peru. Regional U.S. anti-cocaine programs have achieved major successes, including a 9.6 percent net reduction in total regional coca production over the last two years. However, major challenges remain. For the past several years, the United States has supported Colombian and Peruvian efforts to interdict drug-laden aircraft flying between coca-growing regions of Peru and processing laboratories in Colombia. We have also assisted with alternative development projects that provide economic alternatives to coca farmers. Coca cultivation in Peru (once the source of over half the world's coca cultivation) decreased 40 percent during the last two years. Potential cocaine production also declined by 13 percent in Bolivia over the same period. U.S.-funded alternative development programs reinforced Bolivian coca-control efforts in the Chapare region. Hectareage now devoted to licit crops in the Chapare is 127 percent greater than in 1986.

Progress in Bolivia and Peru, however, has been offset by a 56 percent expansion in coca cultivation in Colombia during the past two years. This expansion primarily occurred in guerrilla and paramilitary controlled areas. To address this problem, the United States is supporting a Colombian aerial herbicide spray campaign. This campaign has destroyed tens of thousands of hectares of illicit coca and poppy cultivation. During the next year, the United States will continue to support the

eradication and regional air bridge interdiction campaigns, expand anti-trafficking efforts to maritime and riverine routes, support alternate development, provide training and equipment to judicial systems, law enforcement, and security forces, and encourage greater regional cooperation.

Heroin: International efforts to reduce heroin availability in the United States face significant challenges. Worldwide illicit heroin production was estimated at 363 metric tons in 1997, of which approximately 90 percent is produced in Burma and Afghanistan where the U.S. has limited access or influence. Moreover, the U.S. heroin market consumes only approximately 3 percent of the world's production. The existence of widely dispersed organizations and diversified routes and concealment methods makes interdiction difficult without adequate intelligence and resources.

Still, progress is achievable if governments have access to the growing area and the commitment and resources to implement counter-narcotics programs. U.S.-backed crop control programs have eliminated or are reducing illicit opium cultivation in countries such as Laos, Guatemala, Mexico, Pakistan, Thailand, and Turkey. In Afghanistan, the United States and UN are prepared to test the Taliban's commitment to narcotics control. The United States is funding a small alternative development project through a non-governmental organization and the UN is planning a larger one in return for a Taliban commitment to ban poppy cultivation. In Burma, the government has shown initial signs of a stronger counter-narcotics interest. While current law prohibits the use of U.S. Government resources to assist Burmese counter-narcotics efforts, we do support UN drug control programs there and encourage other countries to press the Government of Burma to take effective anti-drug action. In Colombia, U.S.-supported eradication efforts have stabilized poppy cultivation. The United States also supports numerous law enforcement programs including establishing counter-narcotics police units, improving intelligence collection, and providing equipment in heroin producing and transit countries.

Domestic heroin demand-reduction programs are essential due to the difficulties in attacking heroin sources of supply. They will, nevertheless, be supported by domestic and international heroin-control measures. Coordinated federal, state and local anti-heroin efforts, such as the ad-hoc task force established in Plano, Texas, will be encouraged. The Administration's budget proposes strengthening DEA's current five-year anti-heroin initiative by adding an additional \$12.9 million and ninety-five new agents to the effort.

The United States will also help strengthen law-enforcement efforts in heroin source and transit countries by supporting training programs, intelligence sharing, extradition of fugitives, and anti-money-laundering measures. Finally, we will work through diplomatic and public channels to increase international cooperation and support the ambitious UNDCP initiative to eradicate illicit opium poppy cultivation in ten years.

Methamphetamine: The apparent decline in methamphetamine use may be the result of increased prevention, law enforcement, and regulatory efforts. However, domestic manufacture and importation of methamphetamine pose a continuing public-health threat. The manufacturing process involves toxic and flammable chemicals. Abandoned labs require expensive, dangerous clean-up. Between January 1, 1994 and September 30, 1997, the DEA was involved in the seizure of over 2,400 methamphetamine laboratories throughout the country, including 946 labs in the first nine months of

1997. State and local law-enforcement authorities, especially in California but increasingly in other states, were involved in thousands of additional clandestine lab seizures.

The 1996 National Methamphetamine Strategy (updated in May of 1997) established the federal response to this problem. It was buttressed by the Comprehensive Methamphetamine Control Act of 1996, which increased penalties for production and trafficking while expanding control over precursor chemicals (like ephedrine, pseudoephedrine, and phenylpropanolamine). The DEA is targeting methamphetamine-dealing organizations and companies that supply precursor chemicals, and supports state and local law-enforcement agencies with training. Many retailers are adopting tighter controls for over-the-counter drugs containing ingredients that can be made into methamphetamine. Useful actions include educating employees, limiting shelf space, and capping sales.

6. Other Initiatives

A. Review of Drug-Intelligence Architecture

Intelligence collection, analysis, and dissemination are essential for effective drug-control. An ongoing, comprehensive, interagency review of counter-drug-intelligence missions, activities, functions, and resources is determining how federal, state, and local drug-control efforts can be better supported by intelligence. This review will make specific organizational and procedural recommendations to improve intelligence support to the national counter-drug effort.

B. Countering Attempts to Legalize Marijuana

Marijuana is a “Schedule I” drug under the provisions of the Controlled Substance Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, because of its high potential for abuse and lack of accepted medical use. Federal law prohibits the prescription, distribution, or possession of marijuana and other Schedule I drugs like heroin and LSD and strictly controls schedule II drugs like cocaine and methamphetamine. Federal law also prohibits the cultivation of *Cannabis sativa*, the marijuana plant. Marijuana is similarly controlled internationally through inclusion on Schedule I of the U.N. Single Convention on Narcotic Drugs.

In response to anecdotal claims about marijuana’s medicinal effectiveness, NIH sponsored conferences in 1997 involving leading researchers and is supporting peer-reviewed research on the drug’s effects on the immune system. ONDCP also is supporting a major study of research on the potential medical uses of marijuana. This eighteen-month study, conducted by the Institute of Medicine, is considering scientific evidence on topics including: marijuana’s pharmacological effects; the state of current scientific knowledge; the drug’s psychic or physiological dependence liability; risks posed to public health by marijuana; its history and current pattern of abuse; and the scope, duration, and significance of abuse.

The U.S. medical-scientific process has not closed the door on marijuana or any other substance that may offer potential therapeutic benefits. However, both law and common sense dictate that the process for establishing substances as medicine be thorough and science-based. By law, laboratory and clinical data are submitted to medical experts in the Department of Health and Human Services,

including the Food and Drug Administration, for evaluation of their safety and efficacy. Unless the scientific evidence is sufficient to demonstrate that the benefits of the intended use of a substance outweigh associated risks, the substance cannot be approved for medical use. This rigorous process protects public health; allowing marijuana or any other drug to bypass this process is unwise.

C. Ten-Year Counter-drug Technology Plan

The development and deployment of new technologies is vital to the success of the *Strategy*. ONDCP's Counter-drug Technology Assessment Center (CTAC) is the federal government's central drug-control research and development organization and coordinates the activities of twenty federal agencies. CTAC identifies short, medium, and long-term scientific and technological needs of federal, state, and local drug-enforcement agencies, including surveillance; tracking; electronic support measures; communications; data fusion; and chemical, biological, and radiological detection. CTAC also participates in addiction and rehabilitation research and the application of technology to expand the effectiveness of treatment. Research and development in support of the *Strategy* is being conducted in the following areas:

Demand reduction: to support education and information dissemination in support of prevention and neuroscience research and medications development.

Non-intrusive inspection: to rapidly inspect people, conveyances, and large shipments at ports-of-entry for the presence of hidden drugs.

Wide-area surveillance: to reduce the supply of illegal drugs by detecting, disrupting, and interdicting drug growth and production facilities, and drug trafficking in source countries, the transit zone, and the United States.

Tactical technologies: to ensure that new technology is quickly assimilated into drug-control operations of federal, state, and local law enforcement agencies.

Specific initiatives include: research on artificial enzyme immunizations to block the effects of cocaine; positron emission tomography scanning to understand the process of addiction; information analysis in support of juvenile diversion programs within the criminal justice system; installation of non-intrusive inspection systems for trucks and rail cars along the Southwest border; and deployment of relocatable over-the-horizon radars to monitor drug flights in Central and South America.

IV. A Common Effort toward Real Progress

The *1998 Strategy* provides this nation with a ten-year plan to reduce drug use and its consequences in America by half -- to the lowest levels in the past thirty years. The Strategy is: backed by a \$17 billion budget, the largest counter-drug budget ever presented, to ensure that the federal government can do its part in meeting this goal, and accompanied by a set of well-defined performance measures to improve efficacy and ensure accountability. The Strategy is a plan for victory in the fight against drugs.

However, we can only defeat drugs if we are united in our efforts. The bipartisan support this Committee and Congress has provided to ONDCP has been vital to our recent successes in reducing overall drug use, stabilizing use among our young people, and building at home and abroad the institutions and advancing the policies needed for progress. Your continued support as we move ahead in implementing this *Strategy* is critical. By uniting our efforts behind this *Strategy* we can forge a safer, healthier and more productive nation. America deserves no less.

Thank you for this opportunity to lay out our *1998 National Drug Control Strategy*, the *Budget Summary* for the five-year counter-drug effort, and the *Performance Measures of Effectiveness* for our ten-year and five-year objectives. We solicit your feedback and guidance in the coming months.